

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby



STAMP

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement: 1. The name of the limited liability company is: FIP Master Funding VII, LLC Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X The name, if different, under which it proposes to register and transact business in Rhode Island is: 2. The LLC is organized under the laws of: Delaware 3. The date of its organization is: 11/16/2021 And the period of its duration is: CHECK ONE BOX ONLY X Perpetual (on-going) Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name Capitol Corporate Services, Inc. Street Address (NOT a P.O. Box) 222 JEFFERSON BOULEVARD, SUITE 200 City/Town Zip Code State Warwick 02888 RHODE ISLAND 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Real Estate

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED MAR 1 5 2022

Check the box to indicate an attachment

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.		
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:		
2425 Camelback Rd. Stc. 700, Phoenix, AZ 85016		
8. The mailing address for the limited liability company is:		
2425 Camelback Rd. Ste. 700, Phoenix, AZ 85016		
9. Management of the Limited Liability Company:		
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX		
X By its members (If you have checked this box, DO NOT fill out the chart below)		
By one (1) or more managers (List managers below)		
MANAGER	ADDRESS	
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY		
★ Date received (Upon filing)		
Later effective date (Date must be no more than 90 days from the date of filing)		
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.		
Type or Print Name of LLC		Date
FIP Master Funding VII, LLC		03/14/2022
Signature of Authorized Person Watt Burbach		

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FIP MASTER FUNDING VII, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIP MASTER

FUNDING VII, LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at core delaware soy/autho

6395571 8300 SR# 20220857939

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202808213

Date: 03-02-22